

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/616283	FILING DATE 7-14-2000						
						APPLICANT(S) Goo D NOW							
(3) CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1					1		51						
2						1	52						
3						1	53						
4						1	54						
5						1	55						
6						1	56						
7					1		57						
8					1		58						
9							59						
10							60						
11							61						
12							62						
13							63						
14					1		64						
15						1	65						
16						1	66						
17					1		67						
18					1		68						
19							69						
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22							72						
23						1	73						
24						1	74						
25						1	75						
26						6	76						
27						6	77						
28						6	78						
29						6	79						
30						6	80						
31						6	81						
32						6	82						
33						6	83						
34						6	84						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.					6		TOTAL IND.						
TOTAL DEP.					73		TOTAL DEP.						
TOTAL CLAIMS					79		TOTAL CLAIMS						

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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